

# THE FUND FOR CHRISTIAN SERVICE

1309 Canopy Oaks Drive, Minneola, FL 34715-5692

## ACH (Automated Clearing House) Debit Authorization

### AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

I (we) hereby authorize **THE FUND FOR CHRISTIAN SERVICE** to initiate debit entries to my (our)  **Checking Account** /  **Savings Account** (select one) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Name(s): \_\_\_\_\_ Street: \_\_\_\_\_  
*(Please print)*

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone No(s): \_\_\_\_\_ Email: \_\_\_\_\_

Depository Name: \_\_\_\_\_

Routing Number (9 Digits): \_\_\_\_\_ Account Number: \_\_\_\_\_

Amount to Debit: \_\_\_\_\_ Frequency of Debit:  Monthly on the 5<sup>th</sup> of every month  
 Other (Please describe) \_\_\_\_\_

This authorization is to take effect on \_\_\_\_/\_\_\_\_/\_\_\_\_ and remain in full force and effect until **THE FUND FOR CHRISTIAN SERVICE** has received written notification from me (or either of us) of its termination in such time and in such manner as to afford **THE FUND FOR CHRISTIAN SERVICE** and DEPOSITORY a reasonable opportunity to act on it.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
*Please print and sign*

Individual ID Number: \_\_\_\_\_  
*(To be completed by FCS)*

#### Allocation Recommendations

*(Please describe, if any)*

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**Please attach a VOIDED CHECK to this authorization if a checking account will be debited.**

JEFFREY MAPLE  
SUZANNE MAPLE  
123 Pear Lane  
Anyplace, VA 20000

PAY TO THE ORDER OF \_\_\_\_\_ \$ \_\_\_\_\_

ANYPLACE BANK  
Anyplace, VA 20000

For \_\_\_\_\_

Routing number: 250250025 | Account number: 202020186 | 1234

1234  
15-0000000

DOLLARS

Do not include the check number.

Note. The routing and account numbers may be in different places on your check.